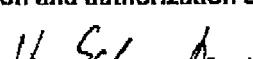


PTO/SB/22 (10-00)

Approved for use through 10/31/2002, OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 99/044 NUT															
In re Application of <b>Martin JAGER et al.</b>																	
Application Number <b>09/747,850</b>		Filed <b>Dec. 21, 2000</b>															
For <b>Encapsulated multifunctional biologically active food component..</b>																	
Group Art Unit <b>1761</b>		Examiner <b>Helen F. Pratt</b>															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ <b>930.00</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2193</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____.</p>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ <b>930.00</b>	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ _____															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____															
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ <b>930.00</b>															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____															
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>																	
<u>Sept. 11, 2003</u>		 <b>Klaus Schweitzer</b> Signature															
Date		<b>Klaus Schweitzer (Lim. Recognition)</b> Typed or printed name															
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <b>1</b> forms are submitted.</p>																	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

### Signature

aus Schweitzer (Lim. Rec)

**Burden Hour Statement:** This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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